

ARKANSAS STATE BOARD OF PHYSICAL THERAPY

Application for Continuing Education Units

Sponsor Information

Sponsored by: Biologix Solutions LLC

Address: P. O. Box 9219, Naperville, IL 60567

Phone: 630-984-0093 Fax: 630-206-2475 E-mail: biologix.solutions@gmail.com

Co-Sponsor: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature of person(s) authorized to sign course completion certificates: Alpesh Patel Digitally signed by Alpesh Patel
Date: 2017.10.13 10:22:18 -05'00'

Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Instrument Assisted Soft Tissue Manipulation (IASTM)

Program Location: Online (https://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 12

Attach course brochure or additional material showing a detailed schedule of course and specific objectives.

Mail, fax or email to:
Arkansas State Board of Physical Therapy
9 Shackleford Plaza, Suite 3
Little Rock, AR 72211
Fax: 501-228-0294 * Email: arptb@sbcglobal.net

BOARD USE ONLY

Course approved by: Nancy Worth # of hours 12
Date: 8/24/18

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Co-Sponsor: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature of person(s) authorized to sign course completion certificates: Alpesh Patel Digitally signed by Alpesh Patel
Date: 2017.10.13 10:22:18 -05'00'

Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Total Joint Rehabilitation for the Hip, Knee, & Shoulder

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 4

Attach course brochure or additional material showing a detailed schedule of course and specific objectives.

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BOARD USE ONLY

Course approved by: Nancy Wether # of hours 4
Date: 1-31-18

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Program Information

Program Title: Aquatic Therapy for Balance and Fall Prevention

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 5

Attach course brochure or additional material showing a detailed schedule of course and specific objectives.

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BOARD USE ONLY

Course approved by: Nancy Worthen # of hours 5

Date: 1-31-18

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Program Information

Program Title: Shoulder Instability

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

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Program Information

Program Title: Fall Prevention in Older Adults

Program Location: Online (https://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 5

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BOARD USE ONLY

Course approved by: Nancy Worthen # of hours 6

Date: 12-7-17

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Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Patellofemoral Syndrome (PFPS)

Program Location: Online (https://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 6

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BOARD USE ONLY

Course approved by: Nancy Wether # of hours 6

Date: 12-17

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Program Information

Program Title: Achilles Tendon Ruptures

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 5

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Course approved by: Nancy Worth # of hours 5
Date: 10-24-17

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Program Information

Program Title: Anterior Cruciate Ligament (ACL) Rehabilitation and Repair

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 5

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Program Information

Program Title: Osteoarthritis of the Hand – A Multidisciplinary Approach
Program Location: Online (http://blxtraining.com)
Program Date(s): Ongoing
Program Objectives: Please see attached
Program Content: Please see attached

Total Contact Hours (excluding breaks) 4

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Program Information

Program Title: Plantar Heel Pain – Evaluation & Management

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

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Program Information

Program Title: Sacroiliac Joint Dysfunction

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 5

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Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Therapeutic Exercise, Resistance Training, Neuromuscular Rehab, and Therapeutic Functional Activities for Older Adults

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 5

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Program Information

Program Title: Wound Management – Multidisciplinary Approach

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 6

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Course approved by: Nancy Worthen # of hours 6

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Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Sciatica – Evaluation, Diagnosis & Treatment

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 5

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BOARD USE ONLY

Course approved by: *Sarah Chaney* # of hours 5

Date: _____

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Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Spinal Stenosis – Treatment & Management

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 4

Attach course brochure or additional material showing a detailed schedule of course and specific objectives.

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BOARD USE ONLY

Course approved by: Sarah Chaney # of hours 4

Date: 10/18/17

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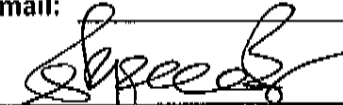
Address: 1201 Alison Ln. Darien, IL 60561

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Co-Sponsor: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature of person(s) authorized to sign course completion certificates: 

Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Alzheimer's Disease

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 4

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BOARD USE ONLY

Course approved by: Nancy Worthen # of hours 4

Date: 2/12/16

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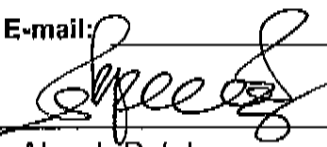
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Signature of person(s) authorized to sign course completion certificates: 

Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Multiple Sclerosis – Care & Management of the Patient

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

Attach course brochure or additional material showing a detailed schedule of course and specific objectives.

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BOARD USE ONLY

Course approved by: Nancy Worth # of hours 3

Date: 2/12/16

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Address: 1201 Alison Ln. Darien, IL 60561

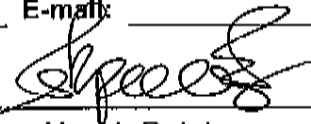
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Signature of person(s) authorized to sign course completion certificates: _____



Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Carpel Tunnel Syndrome

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

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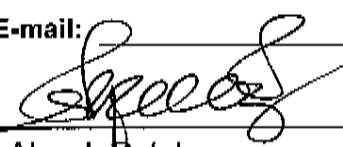
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Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Osteoporosis

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

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Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Concussion – Mild Traumatic Brain Injury

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

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BOARD USE ONLY

Course approved by: Nancy W. [Signature] # of hours 3

Date: 2/12/16

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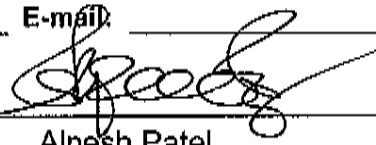
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Address: _____

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Signature of person(s) authorized to sign course completion certificates: _____



Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Parkinson's Disease

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

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Phone: 630-706-0093 Fax: 630-206-2475 E-mail: biologix.solutions@gmail.com

Co-Sponsor: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature of person(s) authorized to sign course completion certificates: _____

Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Osteoarthritis of the Knee

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

Attach course brochure or additional material showing a detailed schedule of course and specific objectives.

Mail, fax or email to:
Arkansas State Board of Physical Therapy
9 Shackleford Plaza, Suite 3
Little Rock, AR 72211
Fax: 501-228-0294 * Email: arptb@sbcglobal.net

BOARD USE ONLY

Course approved by: Nancy Worthen # of hours 3

Date: 2/12/16

ARKANSAS STATE BOARD OF PHYSICAL THERAPY

Application for Continuing Education Units

Sponsor Information

Sponsored by: Biologix Solutions LLC

Address: 1201 Alison Ln. Darien, IL 60561

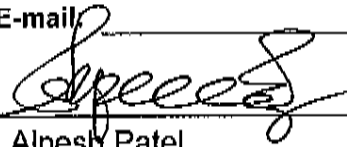
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Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature of person(s) authorized to sign course completion certificates: _____



Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: HIV/AIDS for Healthcare Professionals

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

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BOARD USE ONLY

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Date: 2/12/16

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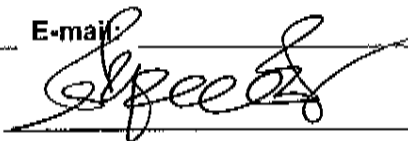
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Co-Sponsor: _____

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Phone: _____ Fax: _____ E-mail: _____

Signature of person(s) authorized to sign course completion certificates: _____



Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Management of Chronic Low Back Pain

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

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BOARD USE ONLY

Course approved by: Nancy Worthen # of hours 3

Date: 2/12/16

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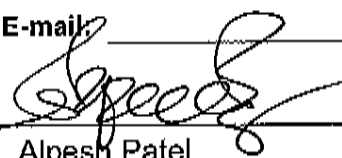
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Co-Sponsor: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature of person(s) authorized to sign course completion certificates: 

Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Rotator Cuff Injuries

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

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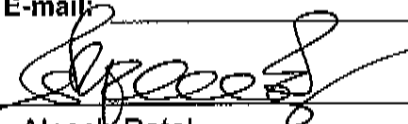
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Phone: _____ Fax: _____ E-mail: _____

Signature of person(s) authorized to sign course completion certificates: _____



Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Spinal Cord Injury & Rehabilitation

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

Attach course brochure or additional material showing a detailed schedule of course and specific objectives.

Mail, fax or email to:
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9 Shackelford Plaza, Suite 3
Little Rock, AR 72211
Fax: 501-228-0294 * Email: arptb@sbcglobal.net

BOARD USE ONLY

Course approved by: Nancy Wathen # of hours 3

Date: 2/12/16

ARKANSAS STATE BOARD OF PHYSICAL THERAPY

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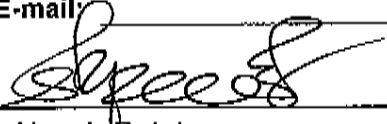
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Co-Sponsor: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature of person(s) authorized to sign course completion certificates: _____



Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Infection Control & Standard Precautions

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 3

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Little Rock, AR 72211
Fax: 501-228-0294 * Email: arptb@sbcglobal.net

BOARD USE ONLY

Course approved by: Nancy Worth # of hours 3

Date: 2/10/16

ARKANSAS STATE BOARD OF PHYSICAL THERAPY

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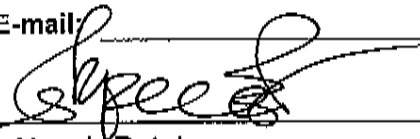
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Co-Sponsor: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature of person(s) authorized to sign course completion certificates: _____



Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Ethics & Professional Responsibility for Physical Therapy Professionals

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 2

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Little Rock, AR 72211
Fax: 501-228-0294 * Email: arptb@sbcglobal.net

BOARD USE ONLY

Course approved by: Nancy Worthen # of hours 2

Date: 2/12/16

ARKANSAS STATE BOARD OF PHYSICAL THERAPY

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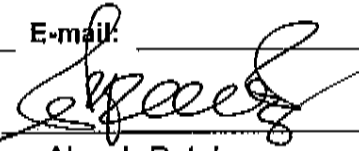
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Co-Sponsor: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature of person(s) authorized to sign course completion certificates: _____



Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: Rheumatoid Arthritis

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 2

Attach course brochure or additional material showing a detailed schedule of course and specific objectives.

Mail, fax or email to:
Arkansas State Board of Physical Therapy
9 Shackelford Plaza, Suite 3
Little Rock, AR 72211
Fax: 501-228-0294 * Email: arptb@sbcglobal.net

BOARD USE ONLY

Course approved by: Nancy W. White # of hours 2

Date: 2/12/16

ARKANSAS STATE BOARD OF PHYSICAL THERAPY

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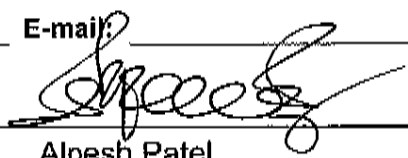
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Signature of person(s) authorized to sign course completion certificates: _____



Printed name of person(s) authorized to sign course completion certificates: Alpesh Patel

Program Information

Program Title: HIPAA (Health Insurance Portability & Accountability Act)

Program Location: Online (http://blxtraining.com)

Program Date(s): Ongoing

Program Objectives: Please see attached

Program Content: Please see attached

Total Contact Hours (excluding breaks) 1

Attach course brochure or additional material showing a detailed schedule of course and specific objectives.

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Fax: 501-228-0294 * Email: arptb@sbcglobal.net

BOARD USE ONLY

Course approved by: Nancy Walker # of hours 1

Date: 2/12/16